

**NEW HAMPSHIRE HOSPITAL  
INDEMNITY AGREEMENT**

This agreement is entered into on this \_\_\_\_\_ by a representative of New  
(Date)

Hampshire Hospital, and \_\_\_\_\_ agrees to hold New  
(Name of Group/Representative)

Hampshire harmless should any damage and/or personal injury occur to any participants and/or any

spectators while participating in \_\_\_\_\_ on the New Hampshire  
(Activity)  
Hospital Grounds.

\_\_\_\_\_ assumes all risk by voluntarily holding the activity  
(Name of Group/Representative)

on the grounds of New Hampshire Hospital. It is understood that while on New Hampshire Hospital  
Grounds all visitors shall abide by the rules and regulations of New Hampshire Hospital (see attached) and  
will conduct themselves in a courteous and responsible manner. Only those age 18 or older may participate  
in activities. NHH is not able to accommodate children in activities or as spectators.

**It is also understood that the Group Representative will be responsible for informing other group  
members of such responsibilities.**

**NHH USE**

\_\_\_\_\_  
*Print Name of Representative*

\_\_\_\_\_  
*Print Name NHH Representative*

\_\_\_\_\_  
*Signature of Group Representative*

\_\_\_\_\_  
*Signature of NHH Representative*

\_\_\_\_\_  
*Street Address/PO Box*

\_\_\_\_\_  
*City/State/Zip Code*

**Special Issues:** \_\_\_\_\_

**\*NO PHOTOGRAPHY ALLOWED UNLESS PRIOR PERMISSION IS RECEIVED.**